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ALZHEIMER'S DISEASE

Daniel Brassard
Science and Technology Division

May 1993



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ALZHEIMER'S DISEASE

BACKGROUND

With the elimination of many diseases, particularly those affecting children and the young, Canadians are living longer. The percentage of Canadians over age 65, only 4% in 1900, is now 12% and is expected to increase to 23% within 40 years.⁽¹⁾ This growth in longevity has brought with it a great increase in diseases and disorders that cause dementia,⁽²⁾ the most common of which is Alzheimer's Disease (AD), first identified in 1906 by Alois Alzheimer,⁽³⁾ a German neuropathologist. This paper will review some of the major aspects of this dreaded disease and will also discuss the research efforts underway throughout the world to establish the cause(s), develop an effective method of diagnosis, and discover a cure.

WHAT IS ALZHEIMER'S DISEASE?

A. Clinical Description

Alzheimer's disease is a progressive degenerative disorder of the cerebral cortex that produces dementia in middle to late life. Currently no definitive cause has been found for this affliction and no effective treatment has been developed. Clinically, AD results from a progressive loss of neurons from the cerebral cortex and other brain areas. The brain of a

-
- (1) Medical Research Council of Canada, *President's Report 1989-1990*, p. 13.
 - (2) Dementia is the deterioration of the intellectual, emotional and cognitive faculties to the extent that daily function is impaired.
 - (3) Richard L. Worsnop, "Alzheimer's Disease," *CQ Researcher*, Congressional Quarterly Inc., Vol. 2, No 27, 24 July 1992, p. 619-639.

person who has died from this disease contains two characteristics: neuritic plaques (clumps of beta-amyloid protein outside the brain cells, or neurons), and neurofibrillary tangles (twisted, spaghetti-like fibres inside damaged neurons). Biochemical abnormalities associated with neuron failure include deposition of amyloid protein in cerebral blood vessels and senile plaques; disrupted nerve-cell-membrane phospholipid metabolism; and decreases in neurotransmitter substances such as acetylcholine, serotonin, norepinephrine, and somatostatin. It is extremely difficult to diagnose this disease without a biopsy, since other conditions, many of which are treatable, can have the same initial symptoms. Two main variants of the disease are known. Early-onset AD, which strikes victims in their 40s and 50s, accounts for only a tiny percentage of AD victims; a subset of this type is hereditary and is known as Familial AD. Late-onset AD, which appears after age 65, is the most common form of the disease.

B. Progression

Memory loss is the most prominent early symptom of AD, followed by a slow disintegration of personality and physical control. Total nursing care is necessary in later stages of the disease.

In descending order, the patient goes from (1) decreased ability to handle a complex job to (2) decreased ability to handle such complex activities of daily life as (3) managing finances, (4) complex meal preparation and (5) complex marketing skills. Next comes (6) loss of ability to pick out clothing properly, (7) or to put on clothing properly, followed by (8) loss of ability to handle the mechanics of bathing properly. Then (9) progressive difficulties with continence and (10) toileting occur, followed by (11) very limited speech ability and (12) inability to speak more than a single word. Next comes (13) loss of ambulatory capability. Last to go are such basic functions as the ability to (14) sit up, (15) smile and (16) hold up one's head.⁽⁴⁾

While the disease is progressing, between 10% to 15% of patients hallucinate and suffer delusions, 10% have seizures and 10% will become violent.⁽⁵⁾ The change in personality and temperament can be rapid. The rate of progression of the disease varies between patients,

(4) *Ibid.*, p. 628.

(5) "Alzheimer's: Is there Hope?" *U.S. News and World Report*, 12 August 1991, p. 44.

with the average time from diagnosis to death being eight years. The family usually cares for a patient at home for an average of four years.⁽⁶⁾

C. Diagnosis

This disease frequently masquerades as other ailments. Its diagnosis remains difficult and no simple clinical test has yet been developed. A complete medical team is involved in the evaluation process, which begins with eliminating the other possible causes of such symptoms as impaired intellectual functioning, memory loss, difficulty in recognizing or recalling the names of objects, and impaired ability to distinguish the relationships of objects. The evaluation encompasses medical, neurological and psychiatric examinations, a detailed history of the patient (including a complete inventory of all the drugs he or she takes) and various tests. Once a patient has been diagnosed as having AD, any change in his or her condition must be brought to the attention of the attending physician.

THE MAGNITUDE OF THE PROBLEM

A. Number of Victims

The many studies on the incidence of the disease all indicate that this increases immensely in older age groups. The highest incidence was reported in a U.S. survey conducted in East Boston by the Harvard Medical School. It showed the incidence of AD to be 3% for people between the ages of 65-74, 18.7% for those between 75-84, and 47.2% for those over 84.⁽⁷⁾ Other studies have shown similar trends (see figure below) but in some cases a much lower overall incidence rate. Although the disease is not of epidemic proportions, the estimated number of Canadians with AD ranges from 300,000⁽⁸⁾ to approximately 400,000.⁽⁹⁾ With

(6) *Ibid.*, p. 45.

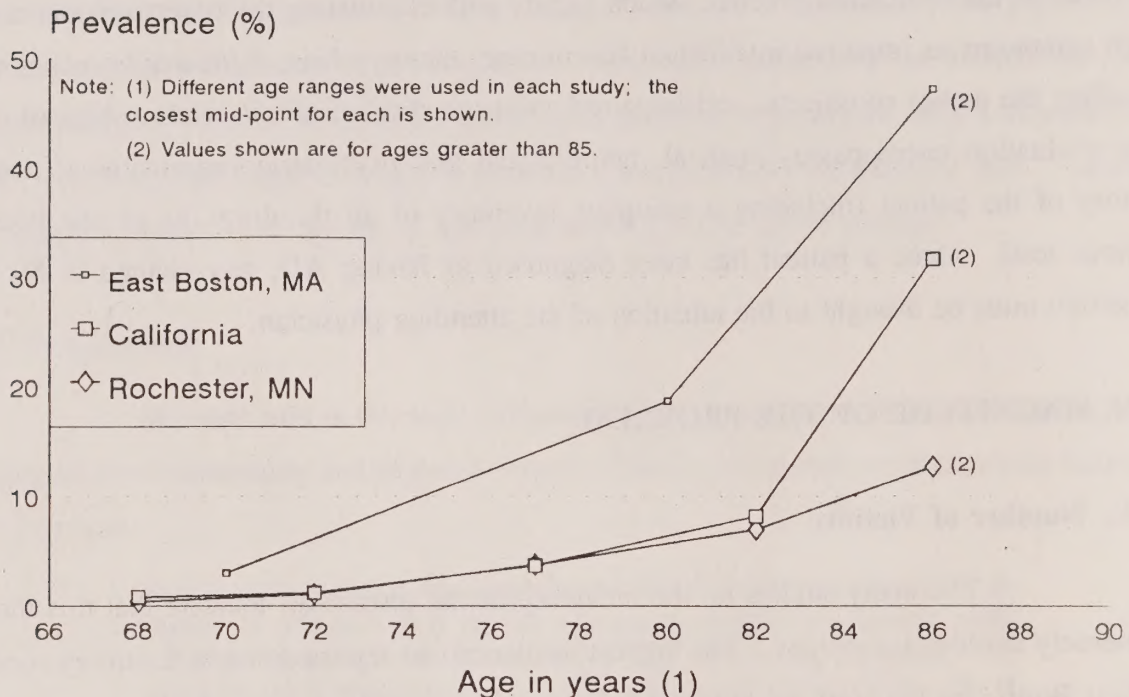
(7) Denis A. Evans *et al.*, "Prevalence of Alzheimer's Disease in a Community Population of Older Persons," *Journal of American Medical Association*, 10 November 1989.

(8) "The Time to Act Is Now," A Report on the Workshop on Aging and Mental Health, December 1989, p. 19.

(9) Medical Research Council of Canada (1990), p. 13.

continuous growth in the percentage of Canadians over age 65, this figure could easily exceed 700,000 by the year 2020.

Comparison of Age-Specific Prevalence of Alzheimer's Disease from U.S. Studies



Source: M. Breteler *et al.*, "Epidemiology of Alzheimer's Disease," *Epidemiologic Reviews*, Vol. 14, 1992.

B. Direct Costs

The human and financial costs of this affliction are enormous. The process of decline takes many years, during the first few of which family members often take care of the patient. Caregivers frequently retire early from paid employment to look after their relative, particularly as the disease progresses. Even when victims are being cared for at home, they

frequently require costly medical and other care. The immediate family members, particularly the caregivers, also require help to enable them to cope with this "36-hour-day."

The suffering associated with AD is horrendous, as much as for those watching a loved one's slow decline, as for the victims, who may suffer more by being aware of their eventual plight. Since the progression of the disease varies, the rapidity with which victims lose their abilities differs. Even though memory is lost, the relationship between the victim and the family can to some extent be maintained over a period of time, as feelings and emotional responses continue, but as the disease progresses a victim of AD eventually becomes only a "shell." The grief of the victim's immediate family continues, however, though society and friends do not always understand this.⁽¹⁰⁾

Even when using the most conservative estimates of the average number of years spent in an institution, typically three to four years, and the number of afflicted Canadians, the costs to the health care system are immense.

At \$33,000 (1989) per patient per year in an institution and with an average stay of 3 years until death, the cost of AD will amount to \$3 billion over the next three years; and if the entry into the disease state remains constant, it will cost the Canadian taxpayer \$1 billion per year thereafter.⁽¹¹⁾

Added to this cost are other major expenses, mainly paid by the public health care system and social programs, including the support/assistance for the caregiver, the entire medical support team, costly prescription drugs, and modifications to living accommodations. Further cost is incurred if a family caregiver must retire early to care for the victim.

RESPONSES

A. Treatment and Care

Once a patient has been diagnosed as having AD, an assessment is made of the disease's stage of progression and of the strengths and weaknesses of the victim and the victim's

(10) Dr. William Eaton, "Unresolved Grief of Family Members of Alzheimer Victims," *OANHSS Quarterly*, April 1989, p. 5-8.

(11) "The Time to Act Is Now," Report on the Workshop on Aging and Mental Health, December 1989, p. 19.

family. Several assessment systems are available to evaluate the level of dysfunction in various areas. Based on this assessment, a comprehensive care plan is prepared by a team consisting of a family member, the paid caregiver with primary responsibility for direct care, other care providers, and the victim's physician. Throughout the progression of the disease, and depending on the needs of the patient, a wide range of expensive medication, such as psychoactive drugs to lift depression and sedatives to control violence, may be required.

Unfortunately, although a wide range of treatments have been tested, most have proven ineffective. Care at present is mainly palliative. During the initial phases of the disease, the patient can frequently be looked after at home by a caregiver, paid or unpaid, with some social support and medical attention.

Simple changes in the home can make life much easier for sufferers, help them maintain self-esteem and a degree of independence, and prolong the period in a home environment. Examples of low-cost changes and modifications to the environment include: reducing the noise levels in the home (noises from television, radio, and telephone as well as from speaking); avoiding vividly patterned and striped rugs, drapes and upholstery; placing locks up high or down low on outside doors and adding simple doorknob alarms; clearing floors of throw rugs and clutter; and reducing the contents of closets to simplify choices. These costs are paid for by the victim's family. Many of these, and other more expensive modifications, are introduced in long-term care settings. They aim at meeting the safety and security needs of the victim, reducing his or her confusion and contributing to the effective functioning of both victims and caregivers.

The patient's and the family's condition are assessed every six months. In response to changing needs, the extent and nature of the care are modified, normally in consultation with the family. Other issues that may arise during the care of AD victims are assessment of the victim's competence, power of attorney, and prevention of and response to abuse of both the victim and the caregiver. Eventually the victim's condition deteriorates to the point where home care is no longer possible and he or she must be moved to long-term institutional care.

B. Support for Caregivers

Until an eventual cure and treatment for AD are found, this disease will remain a significant problem for Canadian society. Care, support and information for AD victims and their families come primarily from the health care system and from the Alzheimer's Society, which in Canada is organized at the national, provincial and, frequently, the municipal level. The information and support the society provides are crucial, particularly for the caregivers.

The caregiver needs information on the disease, including details of dementia and appropriate methods of care. The victim may become restless, or suspicious, may wander, or have erratic sleep patterns. Such behaviour places an additional strain on the caregiver. Some studies have shown that caregiver depression and inappropriate living arrangements were the factors most associated with violence towards AD victims.⁽¹²⁾ The caregivers themselves often suffer from depression or "burnout" and their health deteriorates as a result of trying to help the AD victim. Frequently, conflicts with attitudes and actions of other family members can greatly increase the risk of depression for caregivers. AD support groups offer families the emotional, spiritual and practical help they need to cope with the disease. The caregiver has many needs, including regular and increasingly lengthy relief from duties. The greater the level of support, the longer a caregiver can cope with the patient.

CURRENT RESEARCH

A. Causes of AD

The underlying cause(s) of AD remain unknown although theories and ideas abound. Many of the theories, and much of the research, have focused on the beta-amyloid protein, the building block of the plaque found in the brain of AD sufferers. Even the role and toxicity of this protein remain controversial, however, and how it is made and released in the brain is unknown. One of the newest theories on the origin of beta-amyloid was recently

(12) Gregory J. Paveza, *et al.*, "Severe Family Violence and Alzheimer's Disease," *Gerontologist*, August 1992, p. 493-497.

reported in the journal *Science*.⁽¹³⁾ It suggests that the beta-amyloid is produced in healthy brain cells and it is its overproduction that creates a problem.

Research is continuing on many different approaches to AD and new findings are being reported continually. Some of the suspected causes include:

Aluminum: In recent years a theory identifying aluminum as a possible trigger for AD was put forward. There is some evidence of a link between the amount of aluminum ingested and the incidence of AD. This evidence suggests that: aluminum accumulates in at least four sites in AD-affected brain tissue, at concentrations known to effect several biochemical reactions; that there is an association between AD and aluminum exposure in drinking water and antiperspirants; and that treatment with a trivalent metal ion binding agent slows up to about half, but does not arrest, the clinical progression of AD.⁽¹⁴⁾ In a recent study, however, researchers at Oxford University's Radcliffe Infirmary, using nuclear microscopy to examine neuritic plaques from the brains of AD victims, could not find any trace of aluminium.⁽¹⁵⁾ This method does not require any dyes and some researchers have speculated that the aluminum found in other studies may have been simple background contamination or have come from the reagent used in the dyes.⁽¹⁶⁾ The controversy surrounding the relationship between AD and aluminum persists.⁽¹⁷⁾

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- (13) "Alzheimer's Pathology Begins to Yield Its Secrets," *Science*, Vol 259, 22 January 1993, p. 457.
- (14) "Would Decreased Aluminum Ingestion Reduce the Incidence of Alzheimer's Disease?" *Canadian Medical Association Journal*, 1 October 1991, p. 800.
- (15) Susan Weber, "Link between Alzheimer's, Aluminum Questioned," *The Medical Post*, 24 November 1992, p. 21.
- (16) Phyllida Brown, "Alzheimer's May Not Be Linked to Aluminum," *New Scientist*, 7 November 1992, p. 16.
- (17) Monique M.B. Breteler, *et al.*, "Epidemiology of Alzheimer's Disease," *Epidemiologic Reviews*, Volume 14, 1992, p. 72.

Viral Infection: One of the most difficult ideas to disprove is that AD might be caused by a slow-acting virus that could be present at birth.

Head Injuries: Recent studies have shown that within hours or days of a serious head injury, beta-amyloid plaques are formed which are identical to those found in AD sufferers. It is proposed that head injuries may be an environmental trigger for AD.⁽¹⁸⁾ Research is now being done to find how head trauma triggers amyloid production.

Genetics/Heredity: Research has shown that one half of the members of each generation of certain families succumb to early-onset AD, a type that accounts for a tiny percentage of AD sufferers.⁽¹⁹⁾ The triggering mechanism is a mutation on chromosome 21 of the gene responsible for encoding amyloid precursor protein (APP).⁽²⁰⁾ Down's syndrome patients almost always suffer from brain lesions similar to those associated with AD; this syndrome is caused when there are three copies of chromosome 21 instead of the normal two. Chromosome 14 has also been linked to certain familial types of AD.⁽²¹⁾ Other research findings indicate that a "house cleaning gene" located on chromosome 19 could be a genetic cause for late-onset AD.

Malfunction of the Immune System: Some researchers believe that AD is an immune disorder resulting from a malfunction of the body's immune system. This theory stems from the similarity between the beta-amyloid protein found in AD patients and the amyloid present in tissues of person suffering from numerous kinds of immune-system breakdown.⁽²²⁾

(18) Worsnop (1992), p. 619-639.

(19) *Ibid.*

(20) Each human cell normally has 23 pairs of chromosomes, which consist of coiled DNA(deoxyribonucleic acid) carrying genetic material.

(21) Gerard D. Schellengber, *et al.*, "Genetic Linkage Evidence for a Familial Alzheimer's Disease Locus on Chromosome 14," *Science*, Vol 25, 23 October 1992, p. 668.

(22) Worsnop (1992), p. 619-639.

Chemical Imbalance: An early theory that suggested that AD begins with a chemical imbalance is now being reinvestigated. It has been known since the mid 1970s that AD is somehow related to a deficiency in acetylcholine, a neurotransmitter especially important in the brain areas involved with memory. The new theory centres on choline, the substance from which acetylcholine is derived; recent findings indicate that the brains of AD sufferers have 40% to 50% less choline than normal brain tissue. This theory proposes that defects in the processing of choline and related molecules cause the brain-cell membrane to decay.⁽²³⁾

Malfunction of Age Compensation Mechanism: Some research findings published in the January 1993 issue of *Neuroreport* suggest that AD may be caused by a natural mechanism that combats the effects of aging.⁽²⁴⁾ The report explains that, as humans grow older, many neurons in the brain begin to decline and the surviving neurons try to compensate by growing to fill gaps left by the dead cells. This process, known as "resprouting," is assisted by the production of beta amyloid precursor protein (BAPP), of which excess amounts may lead to AD.

The actual cause for AD has yet to be established but all or some of the above may be involved. It may well be found that AD is a heterogeneous disorder in which a variety of factors can stimulate the amyloid protein precursor and its derivatives to process aberrantly, so that the beta amyloid protein is released and deposited as amyloid, which then initiates the rest of the pathologic cascade.⁽²⁵⁾

B. Diagnosis

Several promising new tools are being developed to simplify early diagnosis of AD. Until a cure and a treatment are found, however, early diagnosis can be a mixed blessing,

(23) *Ibid.*

(24) Garth W. Roberts *et al.*, "On the Origin of Alzheimer's Disease: A Hypothesis," *Neuroreport*, Vol. 4, No 1, January 1993.

(25) Terry Murray, "Protein in Alzheimer's Found in Healthy People," *The Medical Post*, 6 October 1992, p. 4.

since the knowledge can hurt as much as help. In the past year, several potential methods involving advanced biological testing or the use of sophisticated equipment have been identified. Much more testing will be required before any of these methods is available for general use.

A test involving the extraction and analysis of a sample of cerebrospinal fluid for screening for AD at an early stage was announced in August 1992 and is undergoing further testing. The test is based on levels of APP, which in AD victims are as much as 3.5 times lower than normal;⁽²⁶⁾ the disease appears to progress more quickly, the lower the level of APP. The test can apparently differentiate AD from other forms of dementia and, it is hoped will allow researchers to check the effectiveness of AD treatment. Last summer, the company that developed the test, SIBIA, the corporate spin-off from the Salk Institute of Biotechnology in La Jolla California, said it expected to bring a commercial version to market in late 1993. The status and cost of the test are unknown, but the test would be carried out in a hospital setting.

Images from a PET⁽²⁷⁾ scanner of victims of AD show a reduction in brain activity that is most severe in the parieto-temporal region of the cortex.⁽²⁸⁾ Unfortunately, only a few specialist hospitals have the equipment needed to exploit this discovery.

A promising diagnostic method, normally taking less than 10 minutes, uses a single measurement from a computerised tomography (CT) scan of the temporal medial lobe of the brain. A long-term study found that the measurement of the thinnest point of the lobe was lower for AD sufferers and that there was little overlap between them and the control group. The test could detect 79% of sufferers and reduce the "false positives" to 1%, but an additional test would also be needed to identify all AD victims. Another useful aspect of the test is its

(26) "Doomsday Diagnostic?" *Scientific American*, August 1992.

(27) PET: positron emission tomography (PET) is a research tool using the uptake of tracer amounts of radioisotopes to measure blood flow, glucose, and oxygen metabolism in the living brain. Because of its very high cost and lack of availability, PET currently has little place in clinical diagnosis. *The Merck Manual*, Fifteenth Edition, Merck, Sharp and Dohme Research Laboratories, 1987, p. 1323.

(28) Phyllida Brown, "Rescuing Minds from Disease and Decay," *New Scientist Supplement*, 14 November 1992, p. 6.

ability to distinguish between patients with AD and those with dementia from other causes.⁽²⁹⁾ Further evaluations are continuing with this approach.

Also being investigated is a diagnostic method that uses the results of postmortem studies indicating that an increased choline to N-acetylaspartate (NAA) ratio is specific to Alzheimer's disease. The process being developed involves the use of magnetic resonance spectroscopy (MRS) to "see" the biochemical change in the brain. The testing done so far, which compares the MRS brain images of healthy elderly people with those of young people, rules out the chance that the change in NAA ratio is a function of age. Comparisons between healthy elderly people and elderly people with Alzheimer's disease showed measurable differences.⁽³⁰⁾

Once the actual cause(s) of the disease are known, it is hoped that a simple test, possibly based on the level of certain key proteins, may become available.

C. Symptomatic Treatment

Until the definitive cause of AD and the mechanism involved in it are discovered, the disease itself cannot be cured. The current treatment consists mainly of palliative care and maintenance of the patient. Several new developments for treating the symptoms have been announced and further testing and evaluation are needed.

The most widely employed strategy for symptomatic treatment of AD is the replacement of neurotransmitters, though few of the trials with various neurotransmitters have been successful. The results of a major trial, conducted on 468 AD patients at 23 treatment centres in 1990 and 1991, was published in November 1992; it confirmed that a 12-week treatment with tacrine hydrochloride provided patients with cognitive improvement.⁽³¹⁾ Based on the cognitive component of the Alzheimer's Disease Assessment Scale, the mean response

(29) Jeremy Webb, "Brain Scan Gives Fresh Angle on Alzheimer's," *New Scientist*, 28 November 1992, p. 19.

(30) Anna Davies, "Capturing Images of Alzheimer's," *New Scientist*, 17 April 1993, p. 18.

(31) Fallow, Marin *et al.*, "A Controlled Trial of Tacrine in Alzheimer's Disease," *The Journal of American Medical Association*, Vol. 268, No. 18, 11 November 1992.

of the 12-week treatment would seem, on average, to reverse six months of the progression, of the disease. The trial also showed that the drug's major side effect, liver toxicity, was reversible. Tacrine, and several other similar drugs, work by inhibiting an enzyme that breaks down acetylcholine, which is involved in the memory areas of the brain and is mentioned in the chemical imbalance theory.

Several studies show that short-term treatment with selegine, developed for the treatment of Parkinson's Disease and commonly known as L-deprenyl, improved the memory and attention of AD patients.⁽³²⁾ This neurotransmitter inhibits the production of the enzyme monoamine oxidase-B, which is involved in dopamine degradation (the principal defect in Parkinson's disease) and is thought to cause disturbances to the catecholaminergic system that lead to cognitive defects such as memory loss.⁽³³⁾ New evidence from the Centre for Research in Neurodegenerative Diseases at the University of Toronto suggests that the drug may bring hitherto unrecognized benefits that compensate for some of the beneficial/nutritive factors lost.⁽³⁴⁾

Clinical trials and testing are continuing with these and other drugs. Researchers agree that it would be preferable to develop drugs to prevent damage rather than simply to boost the effectiveness of one particular neurotransmitter.

Some other areas of intervention research/treatment are:

Amyloid metabolism: The inhibition of abnormal protein deposition in the brains of AD victims is currently under study as a potential therapeutic strategy.⁽³⁵⁾ The detailed mechanism for the formation of beta-amyloid protein is still being researched. Once the mechanism is known, treatment to stop the build-up may be possible.

(32) Breteler (1992), p. 59-81.

(33) Susan Weber, "Parkinson's Drug May Benefit Alzheimer's Patients," *The Medical Post*, 8 September 1992, p. 24.

(34) *Ibid.*

(35) *Ibid.*, p. 75.

Growth Factors: Some studies suggest that nerve growth factor (NGF) helps nourish neurons and that early administration of NGF could reduce or prevent the loss of neurons.⁽³⁶⁾ Research indicates that NGF is particularly beneficial for the cholinergic neurons in the basal forebrain, a portion of the brain involved in the memory function and heavily affected by AD. Some innovative research involving gene therapy⁽³⁷⁾ to promote the production of NGF is taking place.⁽³⁸⁾

Research into the broader issue of cell death ("apoptosis") may one day provide some help for those suffering from AD. Some very recent discoveries indicate that the bcl-2 gene operates as a blocking agent for cell death without causing cancer.⁽³⁹⁾ Other research indicates the tantalizing possibility that the bcl-2 gene could be used in fighting neuron death.⁽⁴⁰⁾

ISSUES TO RESOLVE

AD is an enormous social and economic problem. As the population ages, the number of victims will steadily increase, imposing a massive burden on the health care system. Until a cure and an effective treatment are found, AD poses social, legal, and medical challenges as well as problems of scientific policy and resource allocation.

Social challenges include ensuring a uniform level of supplemental support for caregivers and optimizing the sharing of resources between expanded home care and institutional care. Legal issues include power of attorney for the victim and voluntary euthanasia, while medical issues include a lack of available institutions for long-term care, particularly specialized

(36) *Ibid.*

(37) Gene therapy: modified genetic material is introduced to the body to produce a desired result. This can be done using different vectors, including a retrovirus.

(38) Phyllida Brown, "Secret Life of the Brain," *New Scientist Supplement*, 14 November 1992, p. 14.

(39) "Cell Death Studies Yield Cancer Clues," *Science*, Vol. 259, 5 February 1993, p. 760.

(40) "Death Gives Birth to the Nervous System. But How?," *Science*, 5 February 1993, p. 763.

units for AD sufferers, and the need for increased education and awareness on the part of the medical community.

Another problem is the modest level of funding assigned to AD research in Canada. The Medical Research Council accounts for 80% of neuroscience research; it provided approximately \$26.5 million in fiscal year 1992-93 for all neuroscience research, including that on AD.⁽⁴¹⁾ This amount of research is minuscule when compared with the multi-billion dollars spent by Canadian taxpayers to treat the effects of AD.

HOPE FOR THE FUTURE

The cause of Alzheimer's Disease remains uncertain, as does the cure. Many researchers are, however, confident that the efforts of both government and the private sector should result in more effective treatment by the end of the century.

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(41) Discussion with N. Morris, Medical Research Council, March 1993.

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"ANTI-STALKING" LAWS: THE UNITED STATES AND CANADIAN EXPERIENCE

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March 1993



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"ANTI-STALKING" LAWS: THE UNITED STATES AND CANADIAN EXPERIENCE

This paper reports on jurisdictions in the United States that, as of late 1992, had criminal laws against "stalking." The substantive content of some of that legislation is also examined and a summary of crime classifications and penalties is included in an Appendix.* Existing Canadian legislation and recent reform proposals are discussed.

EXPERIENCE IN THE UNITED STATES

The California Legislature in 1990 enacted the first U.S. law creating the offence of stalking. During the previous year, five murders had taken place in Orange County involving victims who had been repeatedly followed, harassed and threatened.⁽¹⁾ Although generally intended to protect women who are threatened and harassed by estranged boyfriends or husbands, many anti-stalking provisions are broad enough to apply where the assailant is a casual acquaintance or even unknown to the victim.⁽²⁾

According to an update published by the National Conference of State Legislatures, 29 states had stalking laws as of 20 October 1992; in all but one case (California),

* This summary is reproduced with permission of the office of Policy and Legal Analysis of the Legislature of the State of Maine.

(1) Donna Hunzeker, "Stalking Laws," National Conference of State Legislatures, *State Legislative Report*, Vol. 17, No. 19, October 1992.

(2) By contrast, the West Virginia statute applies to the prohibited behaviour only where it involves a person "with whom that person formerly resided or cohabited or with whom that person formerly engaged in a sexual or intimate relationship."

these laws came into effect in 1992.⁽³⁾ At least three more states have laws aimed at the same or similar behaviour, while in a number of other states anti-stalking measures are pending.

By the fall of 1992, six of the ten most populous states in the United States had anti-stalking laws.⁽⁴⁾ Of the remaining four, New Jersey, Michigan and Pennsylvania all had bills at various stages in their legislatures, while staff of the Criminal Justice Division of the Office of the Governor of Texas advised that draft legislation was being developed for introduction there in the next session.

Four of the ten states that border on Canada also had laws prohibiting stalking or similar activity.⁽⁵⁾ Of the remaining six, only Michigan had a bill before the legislature at that time, although staff at Montana, North Dakota, Vermont and New Hampshire legislatures all expected to see bills introduced in the near future.⁽⁶⁾

A. Analysis of U.S. Anti-Stalking Legislation

Many of the anti-stalking laws specifically exempt certain activity from the ambit of the law. For example, anti-stalking laws do not apply to labour picketing in Nebraska, California, Arizona and Florida. Laws in those states also define prohibited behaviour in a way that exempts "constitutionally protected activity." Such exemptions have been called redundant, since a statute prohibiting constitutionally protected activity would be unenforceable; furthermore, some exclusionary phrases may provide a "partial basis for a court to strike down a statute for unconstitutional vagueness."⁽⁷⁾ More unusual exemptions are found in the

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- (3) Those 29 states were; California, Alabama, Colorado, Connecticut, Delaware, Florida, Hawaii, Kansas, Idaho, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, Mississippi, Nebraska, New York, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia and Wisconsin.
 - (4) California, New York, Florida, Illinois, Ohio and North Carolina.
 - (5) Washington and Idaho statutes create an offence of "stalking," while New York's statute deals with "menacing" and Minnesota's forbids "intrusion on privacy." All are aimed at similar threatening behaviour.
 - (6) The state of Maine has a law punishing those who, without reasonable cause, engage in a "course of conduct with the intent to harass, torment or threaten" another.
 - (7) Kenneth R. Thomas, *Anti-Stalking Statutes: Background and Constitutional Analysis*, Congressional Research Service, Library of Congress, 26 September 1992, p. 10.

Tennessee law, which does not prohibit "following a person during the course of a lawful business activity," and the Washington statute, which provides a defence to a "licensed private detective acting within the capacity of his or her license."

A recent Congressional Research Service report roughly divides anti-stalking laws into three kinds of legislative measures that prohibit following or stalking another person. To achieve a conviction, some laws require that threats of physical violence accompany the prohibited stalking behaviour. Others would punish for the stalking alone, with certain Aspects of the offence quite narrowly defined. The third category of laws would seem to punish "for the mere act of following a person."⁽⁸⁾

1. Accompanying Threats

An example of the first kind of legislation is the California law, which would punish anyone who "wilfully, maliciously and repeatedly follows or harasses another person and who makes a credible threat with the intent to place that person in reasonable fear of death or great bodily injury." A "credible threat" is one made with the intent and apparent ability to carry it out.⁽⁹⁾ "Harass" is further defined as "a knowing and wilful course of conduct" which serves no legitimate purpose and which would cause a reasonable person to suffer "substantial emotional distress." The language of the Nebraska Criminal Code is virtually identical to that in the California Act, except that a conviction for stalking can be had only if the behaviour complained of has been prohibited by court order or injunction.

2. "Stalking" Narrowly Defined

While the law in Arizona does not require an accompanying explicit threat, following a person is not an offence unless done "with intent to harass or threaten."

(8) *Ibid.*, p. 8.

(9) In Massachusetts, the offence of stalking is not complete unless the accused "makes a threat with the intent to place [the victim] in imminent fear of death or serious bodily injury." The law in Tennessee requires that an accused "intentionally" threaten death or serious bodily injury before the offence of "stalking" is complete. In Illinois, the offence is not complete unless the accused "transmits" a threat, with intent to place the victim "in reasonable apprehension of death, bodily harm, sexual assault, confinement or restraint."

Furthermore, the accused must persist in this behaviour "for no legitimate purpose after being asked to desist."⁽¹⁰⁾ In North Carolina, following may constitute stalking, but only if done with "intent to cause emotional distress" by placing the victim in reasonable fear of death or bodily harm and after "reasonable warning or request to desist."

3. "Following" as an Offence

Florida is an example of those jurisdictions where "wilfully, maliciously, and repeatedly" following or harassing a person constitutes an offence, absent any overt threats or other unwelcome behaviour. In the presence of a court order prohibiting such conduct, the offence becomes "aggravated" stalking and is classified as a third degree felony, instead of a misdemeanour.⁽¹¹⁾ While statutes drafted in this manner may define "harass," they typically do not define or qualify "following" so as to make clear how often or in what context the behaviour is prohibited.⁽¹²⁾

CANADIAN LAW

Is there a need to reform Canadian law in this area? The answer to that question will depend upon the effectiveness and/or shortcomings of present laws, both criminal and civil, that are aimed at preventing behaviour that may culminate in serious harm. Some of the statistical risks faced by Canadian women are seen in recent data revealing that, among those offences surveyed between 1981 and 1990, 48% of adult female homicide victims "were killed by spouses or ex-spouses"; furthermore, 67% of adult female homicide victims were killed in their own homes.⁽¹³⁾ A 1991 national magazine article pointed out that two women a week

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- (10) Arizona law does not use the word "stalking" but forbids "harassment," which includes following with intent.
 - (11) The result is the same where following or harassment is accompanied by a "credible threat."
 - (12) Idaho has similarly drafted legislation, as does the state of Washington.
 - (13) Statistics Canada, Canadian Centre for Justice Statistics, *Juristat, Gender Differences Among Violent Crime Victims*, Vol. 12, No. 21, Cat. 85-002, Minister of Industry, Science and Technology, Ottawa, November 1992. The data from this survey must be treated with caution because they were not derived from a random sample of police departments and "may not be representative of any particular geographic area in Canada."

in Canada die "at the hands of a current or former husband or lover." Certainly, Canadian society is not free of the kinds of intimidation and harassment that too often precede such tragic results for women.⁽¹⁴⁾ However, even the best and most appropriate legislation cannot eliminate existing problems without firm and consistent enforcement by the criminal justice system.

A. Existing *Criminal Code* Sanctions

1. Uttering Threats

It is an indictable offence, punishable by up to five years' imprisonment, "in any manner," knowingly to utter, convey or cause any person to receive a threat "to cause death or serious bodily harm to any person."⁽¹⁵⁾

2. Intimidation

It is an offence to use violence or threaten violence against persons or their family, to injure their property, to intimidate or attempt to intimidate them by threats of violence, injury or property damage, to "persistently follow" them from place to place, or to beset or watch their dwelling house, residence, or workplace, "for the purpose of compelling" them to act or to abstain from acting in a particular manner.⁽¹⁶⁾ Because it is punishable on summary conviction, this offence carries a maximum penalty of a \$2,000 fine or six months' imprisonment, or both.⁽¹⁷⁾

(14) House of Commons, Standing Committee on Justice and Solicitor General, Twelfth Report, *Crime Prevention in Canada: Toward a National Strategy*, 3rd Session, 34th Parliament, 23 February 1993, p. 30. The Committee heard evidence that the Canadian criminal justice system does not adequately protect "women who are threatened and abused by the men in their lives."

(15) *Criminal Code*, R.S.C. 1985, Chap. C-46, as amended, s. 264.(1). Under the same section, threatening to damage property or injure another's animals is a hybrid offence.

(16) *Ibid.*, s. 423.(1). This section also makes it an offence to block or obstruct a highway, to follow another on a highway "in a disorderly manner," or to hinder another in the use of their own property.

(17) *Ibid.*, s. 787.(1).

3. Sureties to Keep the Peace

Those fearing personal injury to themselves or their family or damage to property at the hands of another can lay an information before a justice. If satisfied by the evidence that the informant has reasonable grounds for such fears, the justice may order the defendant to enter into a recognizance, with or without sureties, to "keep the peace and be of good behaviour."⁽¹⁸⁾ The court may also prescribe such reasonable conditions as it considers desirable for securing the good conduct of the defendant; the maximum period of any recognizance cannot exceed twelve months. Alternatively, the court can commit the defendant to prison for up to twelve months for refusal to enter into any recognizance ordered. Breach of the recognizance is a summary conviction offence.⁽¹⁹⁾ Amendments to this provision will eventually require a court, where it is "desirable, in the interests of the safety of the defendant or of any other person," to include a firearms prohibition as a condition of the recognizance and to require surrender of any firearms acquisition certificate in their possession.⁽²⁰⁾

4. Criminal Code Enforcement of Civil Orders

Disobeying a lawful court order is an indictable offence punishable by up to two years' imprisonment, unless some other punishment is expressly provided by law.⁽²¹⁾ Thus, criminal action may be taken against those who contravene "no contact" orders made by civil courts dealing with matrimonial disputes.

B. Proposals for Reform

Assuming all law enforcement agencies treat threatening behaviour seriously by arresting and laying charges whenever possible, the scope of the law must be broad enough to

(18) *Ibid.*, section 810; also known as a "peace bond."

(19) *Ibid.*, section 811.

(20) An Act to amend the Criminal Code (firearms), S.C. 1991, c. 40, s. 33; to come into force by order of the Governor in Council.

(21) *Criminal Code*, R.S.C. 1985, Chap. C-46, s. 127.(1).



encompass the offensive behaviour and give courts sufficient power to deal effectively with determined offenders.

Given that threats of death or bodily harm constitute an indictable offence, sufficiently severe penalties should be available to deter such actions. However, in the absence of an overt threat of that kind, behaviour that is intended to instil fear (like persistently following or "stalking" another) will not contravene section 264.1. Even section 423 will not be contravened by following or other forms of intimidation, unless done "for the purpose of compelling" certain behaviour. Furthermore, breaches of section 423 or the conditions of a "peace bond" are summary conviction matters that may limit the courts' ability to treat them seriously. Finally, civil protection orders will not be available to all victims of harassment since many laws require there to have been a prior relationship between the parties.⁽²²⁾

Both *Criminal Code* sanctions and enforcement methods have been the subject of criticisms and/or reform suggestions from a number of sources. For example, the Report of a 1991 Manitoba Review of Domestic Violence recommended *Criminal Code* amendments to make all offences involving breaches of court orders (including undertakings, recognizances and probation orders) indictable offences within the absolute jurisdiction of a Provincial Court Judge, so as to enhance police powers of arrest and to allow harsher sentences to be imposed.⁽²³⁾

The February 1993 Report of the Standing Committee on Justice and Solicitor General recommended the inclusion in Part VIII of the *Criminal Code* of a hybrid offence of intimidation that would prohibit "following or other forms of harassment, with intent to convey

(22) In Manitoba, for example, protection orders under *The Family Maintenance Act* are available only to those who have married or co-habited.

(23) Dorothy Pedlar, *The Domestic Violence Review Into the Administration of Justice in Manitoba*, August 1991, p. 26. Although breach of a court order is an indictable offence under section 127, breach of a probation order is a summary conviction offence and breaches of undertakings or recognizances are hybrid.

The Pedlar Report also suggested amendments to *The Family Maintenance Act* to delete the penalty provisions for breaches of prohibition and non-molestation orders so that those offences could be prosecuted under the *Criminal Code*; that would have allowed greater penalties than those available under the provincial legislation and would have resulted in a CPIC (Canadian Police Information Centre) record. Instead, the *Family Maintenance Act* was amended to provide greater penalties.

a threat." The Committee also recommended that violation of an existing court order be considered an aggravating factor, to give scope for greater penalties.⁽²⁴⁾

During this session of Parliament, three Private Members' bills were proposed to deal with the issue of stalking. Bill C-368, proposed by Ms. Clancy, was introduced 18 November 1992. This bill would amend existing section 810 of the *Criminal Code* and move it from Part XXVII (summary convictions) to Part VIII (offences against the person). Proposed new section 218.1 would retain the basic procedure and grounds for obtaining a "surety to keep the peace." However, once satisfied that an informant had reasonable grounds to fear personal injury to him or herself or family, or damage to property, a justice would be obliged to order the defendant to enter into a recognizance.⁽²⁵⁾ The bill would also make breach of any recognizance an indictable offence, thereby increasing the available penalty to five years' imprisonment.

Bill C-390, proposed by Mr. Rideout, had first reading on 10 December 1992 and largely reflects the language of the California legislation. It would create an indictable offence that requires "a credible threat" to place another in reasonable fear of death or great bodily injury. Subsequent offences or those in violation of an existing prohibition or injunction could give rise to greater penalties.

Bill C-409, proposed by Ms. Black, had first reading on 24 February 1993. It would amend existing section 264.1 by prohibiting threats of "sexual assault." It would also import some wording from existing section 423 to prohibit various kinds of behaviour taken without lawful authority or purpose, "with intent to compel" a person to act or to abstain from acting in a particular manner, or "with intent to alarm, harass, intimidate, or place in fear of bodily harm or death." The scope of the prohibited acts would also be expanded to include any act "the purpose of which is to alarm, harass, intimidate or frighten," another person. All

(24) *Crime Prevention in Canada: Toward a National Strategy*, 23 February 1993, p.31. The Committee said that the language and present location of section 423 (in Part X of the *Criminal Code*, dealing with "Fraudulent Transactions Relating to Contracts and Trade") would tend to limit its usefulness in prosecuting "behaviour primarily intended to convey a threat"; offences of that nature would be more appropriately dealt with in Part VIII, along with other offences against the person.

(25) Existing section 810 says only that, in those circumstance, a justice may make such an order.

offences under the new section would be indictable and certain subsequent offences could give rise to greater penalties. Offences committed in violation of a peace bond, restraining order or injunction, would result in a mandatory minimum six-month period of incarceration.⁽²⁶⁾

C. Bill C-126

On 27 April 1993, the Minister of Justice introduced a number of proposed amendments to the *Criminal Code* and the *Young Offenders Act* that are aimed at providing greater protection to women and children against possible acts of violence. One provision would create a new offence of "criminal harassment." Proposed new section 264 would make it an offence to engage, either recklessly or with intent to harass, in specified conduct "that causes that other person reasonably to fear for their safety or the safety of anyone known to them."⁽²⁷⁾

On 6 May 1993, Bill C-126 had second reading and was referred to a Legislative Committee for review.

CONCLUSION

American anti-stalking laws were passed to deal with threatening behaviour that might not otherwise amount to a crime or that violated laws carrying only minimum sanctions. Several new laws were part of comprehensive reform packages that also addressed bail conditions, protection orders and treatment or correctional issues. An additional recurring theme in many of the laws is greater punishment for repeat offences or those committed in violation of existing court orders; such measures may target the most determined and possibly more dangerous offenders. Anti-stalking legislation is an attempt to prevent behaviour that is "indicative of potential future harm"; because such behaviour is not "easily distinguishable from

(26) A labour dispute would constitute a "lawful purpose" where the place in question was "the workplace of the person or persons involved." Existing section 423(1) (a), (b), (c) and (f) would also be repealed.

(27) For a full discussion of the contents of Bill C-126 and comments on public reaction, please see: Monique Hébert, *Bill C-126: An Act to Amend the Criminal Code and the Young Offenders Act*, Legislative Summary 176E, Research Branch, Library of Parliament, Ottawa, 14 May 1993.

non-criminal activity," the broader the scope of such laws, the less likely they are to "pass constitutional muster" in the United States.⁽²⁸⁾ Most of the laws in place in the United States are so new that their ability to withstand possible constitutional challenges is not yet known and little information is available concerning their effectiveness. However, as of 31 December 1991, 10 persons had apparently been convicted and sentenced in California under its 1990 stalking legislation.⁽²⁹⁾

The major challenge in fashioning Canadian legislation of this kind is to expand the scope of the law enough to capture threatening behaviour that is not now an offence, but without compromising those rights guaranteed by the *Canadian Charter of Rights and Freedoms*.

(28) Thomas (1992), p. 7. The author expressed concern that some anti-stalking laws could be vulnerable to challenge for being unconstitutionally vague, "in violation of the due process clause of the Fourteenth Amendment."

(29) Hunzeker (1992), p. 3.



APPENDIX

Appendix

CRIME CLASSIFICATIONS AND PENALTIES CREATED IN STATE STALKING LAWS

ALABAMA (1992) Act No. 92-675	Class C Felony: not less than 1 year, 1 day or more than 10 years' imprisonment. If court order violated; is Class B Felony: 2-20 years.
CALIFORNIA (1990) 646.9 Penal 1992 - SB 1342	Misdemeanor and felony: up to 1 year in jail, \$1,000. Subsequent felony conviction in 7 years: up to 3 years' imprisonment, \$10,000.
COLORADO (1992) HB 92-1189 Colo. Rev. Stat. 18-9-111	Class 3 Misdemeanor: up to 6 months' imprisonment, \$750. If protective order is violated, is Class 1 Misdemeanor: up to 24 months' imprisonment, \$5,000.
CONNECTICUT Sub. #B5882 Public Act. No. 92-237	Class A Misdemeanor: 1 year imprisonment. If second subsequent conviction, court order is violated, or victim is under 16 years of age, is Class D Felony: 1-5 years' imprisonment.
DELAWARE (1992) HB 481 Del. Code Ann. 1312A	Class F Felony. If protective order is violated: 6 months' imprisonment, \$1,000. Subsequent conviction within 7 years: 1 year imprisonment, \$1,000.
FLORIDA (1992) Fla. Stat. 784-048	Felony 3: up to 5 years' imprisonment, \$5,000.
HAWAII (1992) SB 3354 Haw. Rev. Stat. 711	Petty Misdemeanor: up to 30 days in jail, \$1,000. If stalking occurs on two or more occasions, a Misdemeanor is committed: up to 1 year in jail, \$2,000.

IDAHO (1992) SB No. 1333 Idaho Code 18-7905	Misdemeanor: up to 1 year in jail, \$1,000. Second or subsequent conviction within 7 years is a Felony: up to 5 years in prison, \$1,000.
ILLINOIS (1992) SB 1555 Ill. Rev. Code 12-7.3, 110-6.3, 3-14-5	Class 4 Felony: up to 3 years' imprisonment, \$10,000. Second or subsequent conviction is a Class 3 Felony: up to 5 years in prison, \$10,000. Aggravated stalking is a Class 3 Felony. Second or subsequent conviction for aggravated stalking is a Class 2 Felony: up to 7 years in prison, \$10,000.
IOWA (1992) H.F. 2025 Iowa Code 708.11	Simple Misdemeanor: up to 1 year in prison, \$100. If protective or bail order is violated, is Serious Misdemeanor: up to 1 year imprisonment, \$1,000. Second offense is Aggravated Misdemeanor: up to 2 years in prison, \$5,000. Third or subsequent offense is Class D Felony: up to 5 years' imprisonment.
KANSAS (1992) Kan. Stat. Secs. 95, 96	Class B Misdemeanor: up to 6 months jail. If restraining order is violated or second or subsequent conviction within 7 years, same victim, is Class A Misdemeanor: up to 1 year in jail.
KENTUCKY (1992) HB 445 KRS Chpt. 508	Class A Misdemeanor: up to 1 year imprisonment. If protective order is violated, second offense is within 5 years or acts were committed with deadly weapon, is Class D Felony: 1-5 years' imprisonment.
LOUISIANA (1992) Act. No. 80 La. Rev. Stat. 14:40.2	Up to 6 months jail, \$1,000. If protective order is violated: mandatory minimum of 30 days and up to 1 year, \$5,000. Subsequent conviction: mandatory minimum of 90 days and up to 2 years, \$5,000.
MASSACHUSETTS (1992) SB 1493 Chpt. 265, Sec. 43	Up to 2-1/2 years' imprisonment, \$1,000. If protective order is violated: mandatory minimum of 1 year and up to 5 years in prison. Second or subsequent offense: mandatory minimum jail of 2 years.

Multiple acts of harassment are punishable as a Gross Misdemeanor: up to 1 year in jail, \$3,000. Terroristic threats are a felony: under sentencing guidelines offender without criminal history could receive 1 year probation plus jail time; with criminal history state prison sentence of up to 5 years possible.

MISSISSIPPI (1992)

SB 2337

Up to 6 months in jail, \$1,000. If protective order is violated: up to 1 year in jail, \$1,000. Second or subsequent conviction within 7 years: up to 2 years' imprisonment, \$2,000.

NEBRASKA (1992)

LB 1098

If protective or bail order is violated, is Class I Misdemeanor: up to 1 year in prison, \$1,000. Subsequent offense within 7 years is Class IV Felony: up to 5 years' imprisonment, \$10,000.

Neb. Rev. Stat. 42-903.42-924,

28-101

NEW YORK (1992)

S. 7217

NY Law 120.13 and 120.14

Either a Class B Misdemeanor: up to 90 days in prison, \$500 or a Class A Misdemeanor: up to 1 year in prison, \$1,000. Second or subsequent conviction is a Class E Felony: up to 4 years' imprisonment, \$5,000.

NORTH CAROLINA (1992)

HB 217

NC Gen. Stat. 14-277.3

Misdemeanor: up to 6 months in jail, \$1,000. If protective order is violated: up to 2 years in prison, \$2,000. Second or subsequent conviction is a Class I Felony: up to 5 years in prison.

OHIO (1992)

Sub. HB 536

Ohio Rev. Code 737.11, 1901.18,

1901.19, 2919.25, 2919.251,

2919.26, 2919.27, 2935.03,

2937.23, 2945.42, 3113.31, 4749.99,

5119.01, 5123.04 (amended) and 2903.211 -

2903.215 and 2911.211 (new)

First Degree Misdemeanor: up to 6 months in jail, \$1,000. Second or subsequent offense involving same victim is a Fourth Degree Felony: up to 5 years in prison, \$2,500.

OKLAHOMA (1992)
HB No. 2291

Misdemeanor: up to 1 year in jail, \$1,000. If protective order is violated, condition of probation or parole is violated, or if second offense within 10 years, is Felony: up to 5 years in prison, \$2,500.

RHODE ISLAND (1992)
S1580, Sub. B
RI Gen. Laws 11-59-1

Up to 1 year imprisonment, \$3,000. If restraining order is violated, is Felony: up to 2 years' imprisonment, \$6,000. Second or subsequent conviction against same victim, is Felony: Up to 5 years' imprisonment \$10,000.

SOUTH CAROLINA (1992)
H 4086
SC Code Ann. 16-3-1070

Up to 1 year imprisonment, \$1,000. If protective order is violated: up to 2 years' imprisonment, \$1,000. Second or subsequent offense: up to 3 years in prison, \$2,000.

SOUTH DAKOTA (1992)
SB 157

Class I Misdemeanor: 1 year in jail, \$1,000. Second or subsequent conviction within 7 years is a Class 6 Felony: 2 years in prison, \$2,000.

TENNESSEE (1992)
SB 1756
Tenn. Code Ann. 39-12

Class A Misdemeanor: up to 1 year in jail, \$2,500. if second or subsequent conviction within 7 years or if protective order is violated, is Class E Felony: 1-6 years' imprisonment, \$3,000.

UTAH (1992)
HB 346
UT Code Ann. 76-5-106.5

Class B Misdemeanor: up to 6 months in jail.

VIRGINIA (1992)
H 1077
VA Code Ann. 18.2-60.3

Class 2 Misdemeanor: up to 6 months in jail, \$500. If protective order is violated or second offense occurs within 5 years, is Class I Misdemeanor: up to 1 year in prison, \$1,000. A third offense within 5 years is a Class 6 Felony: 1-5 years in prison, \$1,000.

WASHINGTON (1992)

S.H.B. No. 2702, RCW 9A.46.020,
9A46.020, 9A46.030, 9A.46.060, 9A46.100,
9.61.230, 9.94A.155, 10.77.205 and
71.05.425 (amended) and 9A.46RCW (new)

WEST VIRGINIA (1992)

WV Code 61-2-9a

WISCONSIN (1992)

1991 Wisc. Act 194
947.013, 29.05 and 778.25 (amended)
and 813.125(5m), 947.013(1) and
947.013(1v and 1t)

Gross Misdemeanor: up to 1 year in jail, \$5000. Second offense
(no time limit specified) or if protection order is violated, is
Class C Felony: up to 5 years in prison, \$10,000.

Misdemeanor: up to 6 months in jail, \$1,000. If protection order
is violated, Misdemeanor: up to 1 year in jail, \$3,000.

Class A Misdemeanor, including if protective order is violated:
up to 9 months' imprisonment, \$10,000. Second offense within 7
years is Class E Felony: up to 2 years in prison, \$10,000.

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